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## APPLICANTS

Kenneth D. McKibben, Defiance, OH;

Daniel D. Minor, Cadillac, MI;

Mark T. Salgat, Pinconning, MI; Aleksandar A. Filipov, Au Gres, MI;

Brooks Lucas, Boon, MI;

Michael Thompson, Cadillac, MI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

## ADDRESS

04859

MACMILLAN SOBANSKI & TODD, LLC  
 ONE MARITIME PLAZA FOURTH FLOOR  
 720 WATER STREET  
 TOLEDO, OH  
 43604-1619

## TITLE

Mold rollover apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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